

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 9/955657

FILING DATE

APPLICANT(S)

4/8/05 9-605

CLAIMS

AS FILED		1ST AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1			
2	1	1			
3					
4					
5	1	1			
6	1	1			
7	1	1			
8	1	1			
9	1	1			
10	1	1			
11	1	1			
12	1	1			
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TOTAL IND.			5		6
TOTAL DEP.			20		19
TOTAL CLAIMS			25		25

• 4/8/05	• 9-605 •
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100	
TOTAL IND.	5
TOTAL DEP.	20
TOTAL CLAIMS	25